

|  |  |   |   |   |
|--|--|---|---|---|
| SERIAL NUMBER<br><div style="text-align: center;">09/298,008</div> | FILING DATE<br><div style="text-align: center;">04/22/99</div> | CLASS<br><div style="text-align: center;">379</div> | GROUP ART UNIT<br><div style="text-align: center;">2747</div> | ATTORNEY DOCKET NO.<br><div style="text-align: center;">75622.P0001</div> |
|--|--|---|---|---|

APPLICANT

JERRELL P. HEIN, WEST DRIFTWOOD, TX; NAVDEEP S. SOOCH, AUSTIN, TX.

  
  

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***  
 VERIFIED

\_\_\_\_\_

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***  
 VERIFIED

\_\_\_\_\_

  
  
  

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***  
 VERIFIED

\_\_\_\_\_

  
  
  

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 05/10/99 \*\* SMALL ENTITY \*\*

|  |   |  |   |  |
|--|---|--|---|--|
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged <u>Examiner's Initials</u> _____ <u>Initials</u> _____ | STATE OR COUNTRY<br><div style="text-align: center;">TX</div> | SHEETS DRAWING<br><div style="text-align: center;">5</div> | TOTAL CLAIMS<br><div style="text-align: center;">23</div> | INDEPENDENT CLAIMS<br><div style="text-align: center;">3</div> |
|--|---|--|---|--|

ADDRESS

WILLIAM D DAVIS  
 DAVIS & JOHNSON  
 PO BOX 1093  
 4503 W HWY 290  
 DRIPPING SPRINGS TX 78620

TITLE

SUBSCRIBER LINE INTERFACE CIRCUITRY

|   |   |  |
|---|---|--|
| FILING FEE RECEIVED<br><div style="text-align: center;">\$407</div> | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>NO. _____ for the following: | <div style="display: flex; flex-direction: column;"> <div><input type="checkbox"/> All Fees</div> <div><input type="checkbox"/> 1.16 Fees (Filing)</div> <div><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</div> <div><input type="checkbox"/> 1.18 Fees (Issue)</div> <div><input type="checkbox"/> Other _____</div> <div><input type="checkbox"/> Credit _____</div> </div> |
|---|---|--|